

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

County Registrar's No. \*301

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
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DATE OF BIRTH\* Sept 21 1916  
(Month) (Day) (Year)

FULL NAME <u>John Perica</u>	FATHER
FULL MAIDEN NAME <u>Francis Obester</u>	MOTHER

I HEREBY CERTIFY that the child described herein has been named

John Perica (Give name in full) Perica (Surname)

*John Perica Sr.* (Parent's Signature)

\_\_\_\_\_  
 (Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

171-921-669